

# Referring Provider “How To” Workflow



- 1) Click on the DCHS Deskbook icon on your desktop. You should be directed to the below page

The screenshot shows the 'DESCHUTES COUNTY HEALTH SERVICES INTERNAL DIRECTORY OF SERVICES' page. It includes the county logo, a legend for (DR) - DIRECT REFERRAL and (PHOR) - PUBLIC HEALTH ONLINE REPORT, and two main sections: I. OVERVIEW OF SERVICES and II. INTERNAL SERVICE INDEX. Section I lists Behavioral Health, Public Health, and Early Learning Division. Section II includes a table of topics and programs.

**DESCHUTES COUNTY HEALTH SERVICES  
INTERNAL DIRECTORY OF SERVICES**

**(DR) – DIRECT REFERRAL** indicates a staff person may make a direct referral for an existing client to this program using the internal referral process. [Comprehensive List of Services and Programs](#) [Referral Form](#)

**(PHOR) – PUBLIC HEALTH ONLINE REPORT** indicates any staff or community member may submit an online public health concern related to this area. [Report a Public Health Concern](#)

**I. OVERVIEW OF SERVICES**

Deschutes County Health Services (DCHS) is composed of three divisions:

- [Behavioral Health](#)
- [Public Health](#)
- [Early Learning Division](#)

**What to Tell Your Client When Making A Referral**

**All:** Advise that the appointment may be scheduled a few weeks out, depending on the program and its current capacity. Also advise that enrollment in the program is not guaranteed by the referral and will be determined based on program screening and eligibility.

**Behavioral Health:** Advise that the client needs to contact the appropriate program to make the appointment. Provide your client with the appropriate contact information from this deskbook.

**Public Health:** Advise the client that s/he should receive a call to schedule an appointment within one to two weeks.

**II. INTERNAL SERVICE INDEX**

This index will help you identify if there is an internal program that provides a service your client needs.

TOPIC	PROGRAMS
Abuse Reporting	<a href="#">Abuse Reporting</a>
Adolescents	Adolescent Sexual Health: <ul style="list-style-type: none"><li>• <a href="#">iCuidate!</a></li><li>• <a href="#">My Future, My Choice</a></li></ul> Child & Family Behavioral Health Outpatient (Non-Intensive) Children and Youth Intensive Community Support - Wraparound Program (WRAP) (DR) <a href="#">Referral Form</a> Early Assessment and Support Alliance - EASA (DR) <a href="#">Referral Form</a> Public Health Clinic Services (DR) <a href="#">Referral Form</a> : <ul style="list-style-type: none"><li>• <a href="#">Family Planning/Birth Control</a></li></ul>

- 2) Check that the program services and eligibility requirements are right for your client
- 3) Ask your client if they have been referred to this program previously
- 4) Obtain consent from the client to make the referral
- 5) Communicate the referral process to the client (On page one of the Deskbook)
- 6) Click on the Internal “Referral Form” link in the Deskbook
  - a. Links to the “Referral Form” may be found to the right of program titles in the “Index” and “Comprehensive List of Services and Programs” sections. It may also be found at the top of page one
- 7) The link will take you to the below form

**Internal Referral Process - New Item**

Deschutes County Health Services  
**Internal Referral Form**  
*\*Denotes Required Fields*

Client's Full Name:  \*

As it appears on OHP card

Parent or Guardian Name:

Please fill out if client is a minor

Birth Date:  \* MM/DD/YYYY

Gender:  \*

Phone(s):

Interpreter Needed:  Yes  No

Language:  \*

Fill-in choice is OK

Voice Message OK:  Yes  No  Not Asked

Safety concerns? Please indicate in the Referral Reason section

Text Message OK:  Yes  No  Not Asked

Appointment Status: (Warm Hand-Off)  Not Scheduled  Scheduled

Have you already helped client schedule the referral appointment?

Appointment Date: (Warm Hand-Off Date)  MM/DD/YYYY

**DISABLED - No Appointment Scheduled**

Priority:  Routine  Urgent

Referred by:  \*

If Program or Service is not listed, cancel this referral and contact help desk.

8) Please fill out the required information in the form, and click “Submit Form”

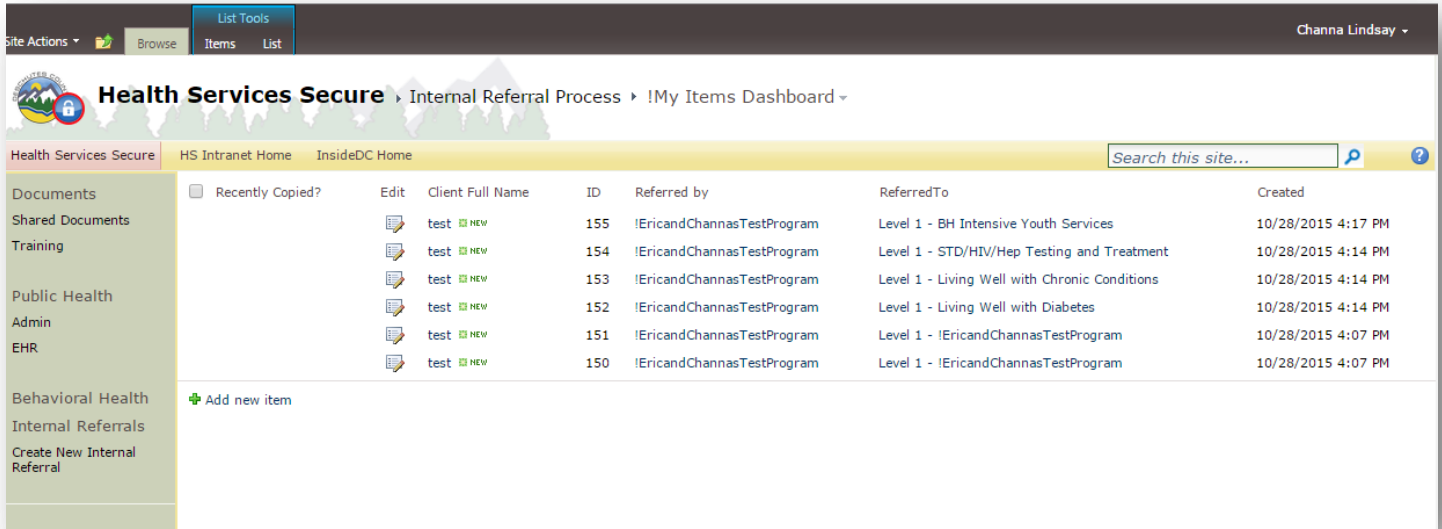
- Boxes with red asterisk are required.
- Filling out the address will help point of contact staff find the client in OCHIN
- To submit to multiple programs, refer to page three.
- Please proof-read your submissions

9) For most programs, the referred to program will attempt contact within 7 days. For some programs, the client must call to follow-up. Please refer to page one of the deskbook for this information.

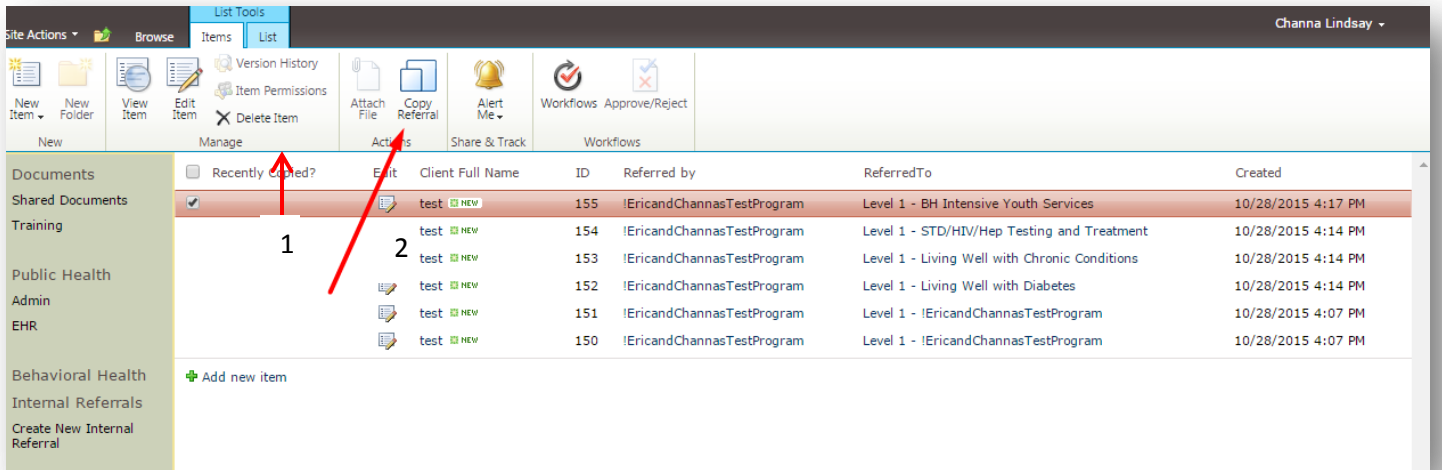
10) An email will be sent to you with information pertaining to the referral outcome. Please click on the link in the email for information on the referral outcome.

*Referring to multiple programs...*

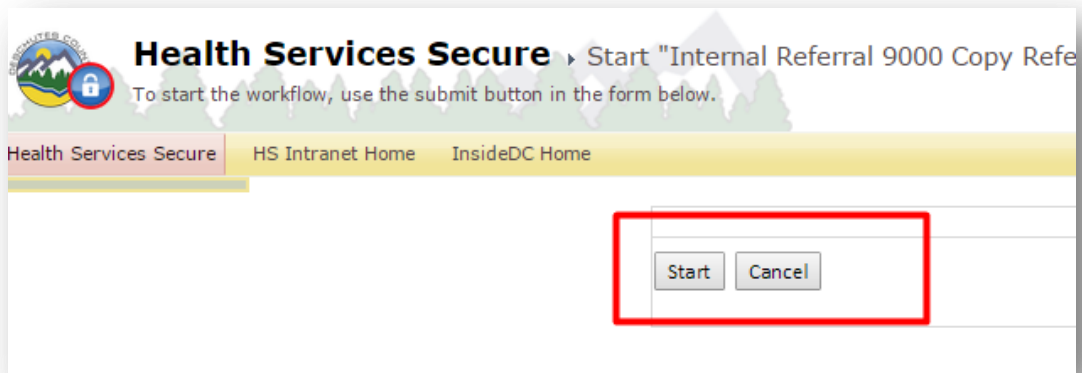
- 1) Follow the above steps (1-10) to submit a referral.
- 2) Once you have submitted the first referral, you will be sent to the following screen



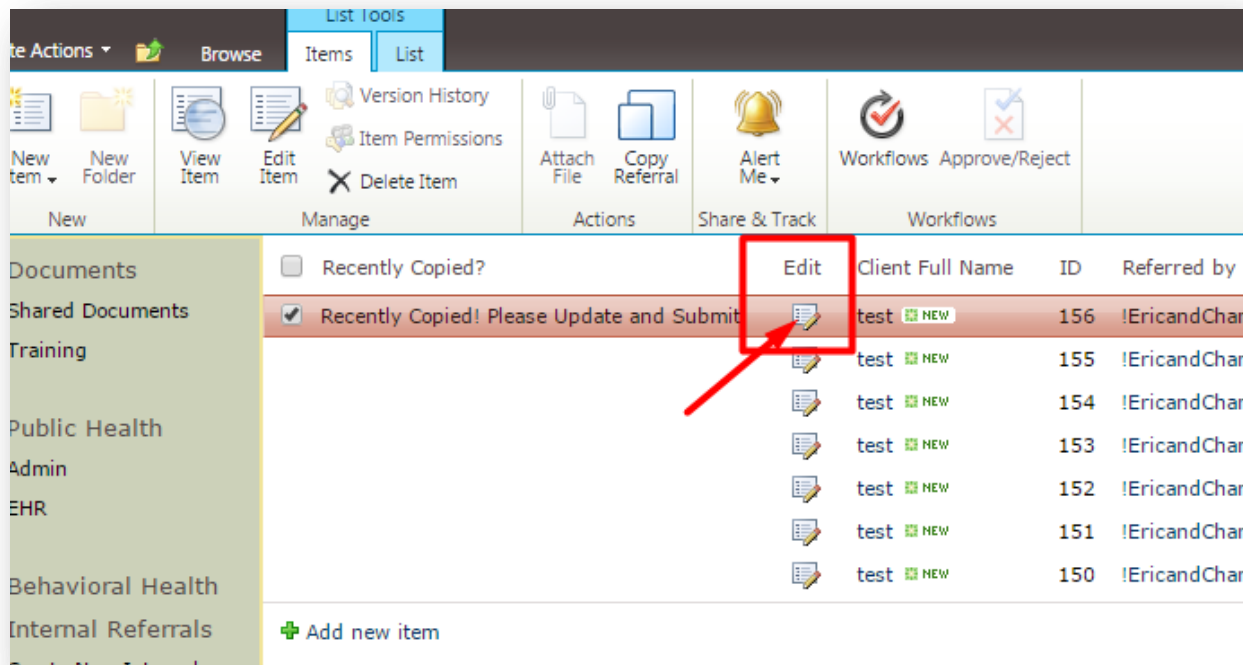
3) To copy the referral, select the client for whom you would like to make another referral. Then click “copy referral” (image below)



4) You will be taken to the below screen. Click “start”. If you selected “copy referral” by mistake, click “cancel”.



- 5) Your recently copied referral will be marked as “Recently Copied! Please Update and Submit.” Click on the “edit” icon for this referral.



- 6) In the copied referral form, please modify information as it pertains for the new referral, and submit.

**Please use Internet Explorer when editing referrals**

**Do not open or edits referrals not submitted by you**